NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS before submitting or form will be returned.

Reporting	Information		
Year: 2013			
Fill in circle if ame	endment O		
Report Period:	⊗ January/June	O July/December	
Type of Lobbying:	⊗ Nonprocurement	O Procurement	OBoth
Client Filing Fee Cl	neck Number: \$35/2/	64846-7	

Il Client Information

Name: Industry Ad Hoc Committee on Pilotage

FOR OFFICE USE ONLY
HAND DELIVERED
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Clett 512164846 \$ 50.

ity: Washington	State	. DC		ZIP code: 20036		
Business Phone: 202-77	Fax N		per:			
hird Party Benefician	y (see instructions):				~	
		-80100/0040				
III Lobbyist(s) In Any individual or organ	nformation & Colization that has lobbled	mpe on b	nsation (Currellehalf of the client m	ent oust b	Period Only e reported below	, regardless of whether the
A Type of Lobbyist:			Employed		Designated	
	State Lobbying				Both	
Name: Lawrence P			,9		Phone Number:	518-368-7539
	ington Ave Suite 206					
City: Albany					State: NY	ZIP code: 12210
Compensation fo	r current period: \$25	,000	.00			
B Type of Lobbyist:	O Retained	0	Employed	0	Designated	
Level of Gov't:	O State Lobbying	0	Local Lobbying	0	Both	
Name:					Phone Number	
Address:						
City:					State:	ZIP code:
Compensation fo	r current period: \$.00			
C Type of Lobbyist:	Retained	0	Employed	0	Designated	
Level of Gov't:	O State Lobbying	0	Local Lobbying	0	Both	
Name:					Phone Number	
Address:						
City:					State:	ZIP code:
Compensation for	current period: \$.00			

IV Other Expenses (Curr	ent Sei	mi-Ann	val Period	Only)					
A Report in the aggregate all exp	enses less	than or ea	qual to \$75:		\$	0		.00	1936 Janie 1964 II.
B Report in the aggregate all expe	non-lobbying en	nployees	: \$	0		.00			
C Itemize each expense exceeding PAID TO:	ng \$75:		DATE:	/	,	0	Ad	O Social E	wont
PURPOSE:			AMOUNT:	\$.00	0		ndum attached	
O PROCUREMENT O NONPR	ROCUREA	MENT		•			Addel	labin anachea	
PAID TO:		4,322	DATE:		/	0	Ad	O Social E	wont
PURPOSE:			AMOUNT:	\$.00	0		ndum attached	
O PROCUREMENT O NONPR	ROCUREA	MENT				O	Addel	adin anachea	
O Continued on attached	pages								
 If any expense listed above 	e exceed	ls \$75 for c	an individual, yo	ou must	attach the	addei	ndum pa	ge listing the	
expense, dollar amount at D Total expenses for current per	Service and a	to the inc	жиние от такие от та					individual. tached pages in	tatal
Total expenses for content per	104. 50		iiqqb ii)	cable, in	iciode dii ex	perise	s iroin ai	racried pages in	ioiai
V Source of Funding Dis									
event multiple perso	ons or enti	ities have l	been aggregate	d as a Si	ingle Source	for a	Contribut	ion(s), use Sectio	n B.
A Below, list all Contrib received. If more th	outlons rec	ceived fror	n the Single Sou s from the Single	rce. Inc	lude the dat	e and	the amo	unt of the Contrib	oution
Addendum for the a Contribution(s) from Single Source	additional	Contribution	ons.						
Single Source Entity's Name:	,e π1								
or									
Single Source Person's Last Name	e:			First N	lame:				
Address:									
City:				State	:			ZIP code:	
Phone:		- 1210 =							
Date Contribution Received:	/-	/			contribution			.00	
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Check here if using section V(C) of the	ne Adden	idum for a	dditional Contrib	utions:					
Contribution(s) Single Source #2									
Single Source Entity's Name:									
Single Source Person's Last Name	э:			First N	lame:				
Address:									
City:				State:				ZIP code:	
Phone:									
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Check here if using section V(C) of the	ne Adden	dum for a	dditional Contrib	outions:				,	(

	utions from Single Source #1							
Related	d or Affiliated Entity or Person:							
	Entity's or Person's Full Name: Hoeg Autoline	ers, Inc.						
	Entity's or Person's Address: 500 N Broadway		, Jericho, I	NY 11753				
	Entity's or Person's Phone:							
	Dates and Amounts of Contributions from Date Contribution Received: 01			Amount of Contribution:	\$		5000	.00
	Date Contribution Received:	/	/	Amount of Contribution:				.00
	Date Contribution Received:	/	/	Amount of Contribution:	28.00			.00
	Check here if using section V(C) of the	Adden	dum for a		Ψ	0		.00
Related	or Affiliated Entity or Person:			admondi Commodiciis.				
	Entity's or Person's Full Name: Phillips 66 Con	npany						
ŀ	Entity's or Person's Address: 1776 Street NW	/ #700, V	Vashingto	n, DC 20006				
F	Entity's or Person's Phone:							
L	Dates and Amounts of Contributions from Date Contribution Received: 01			Amount of Contribution:	\$		5000	.00
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	Date Contribution Received:	/	/	Amount of Contribution:				.00
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Designated Addendum sheet for section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

		e of Funding Disclosure					
	В	Single Source information for a Contrib	ution(s)	from multi	ple, Related, or Affiliated Entit	ties.	
Single	e Sourc	e #					
Relati	ed or A	Affiliated Entity or Person:					
		y's or Person's Full Name: Maersk, Inc.			*		
-	Entity	y's or Person's Address: 9300 Arrowpoir	nt Blve., C	Charlotte, I	NC 28273		
		y's or Person's Phone:					
	Date	es and Amounts of Contributions from Date Contribution Received: 02		r Person: /2013	Amount of Contribution:	\$ 5000	.00
		Date Contribution Received:	/	/	Amount of Contribution:	\$.00
		Date Contribution Received:	/	/	Amount of Contribution:	\$.00
		Date Contribution Received:	/	/	Amount of Contribution:	\$.00
Relate		offiliated Entity or Person: or Person's Full Name:					
	Entity	's or Person's Address:					
	Entity	's or Person's Phone:					
	Date:	s and Amounts of Contributions from Date Contribution Received:	Entity o	r Person .	Amount of Contribution:	\$.00
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Single	Source	e #				7	
Relate	ed or A	ffiliated Entity or Person:					
	Entity	's or Person's Full Name:					
	Entity	's or Person's Address:					
	Entity	's or Person's Phone:					
	Dates	s and Amounts of Contributions from	Entity o	r Person:			
		Date Contribution Received:	/	/	Amount of Contribution:	\$.00
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	Entity	's or Person's Full Name:					
	Entity'	's or Person's Address:					
	Entity'	's or Person's Phone:					
	Dates	and Amounts of Contributions from I Date Contribution Received:	Entity or /	Person:	Amount of Contribution:	\$.00
		Date Contribution Received:	/	/	Amount of Contribution:	800	.00
		Date Contribution Received:	/	/	Amount of Contribution:	27	.00
		Date Contribution Received:	/	/	Amount of Contribution:	15	.00

VI Subjects lobbled:	VII Person, State Agency, Municipality or Legislative Body lobbied:
None	None
O Continued on attached pages	O Combinated an address to
	O Continued on attached pages
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied; None	VIII Title and Identifying Numbers of procurement contracts/documents lobbied: None
O Continued on attached pages	Continued on attached pages
Number of Subject Matter 15 - 15 October 1	
IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
None	None
O Continued on attached pages	Continued on attached pages
XI Declaration	
This Declaration must be signed by the Chief Administrative reason, does not sign, he/she must duly designate another lactorized under penalty of perjury that the information correct, and complete to the best of my knowle	nation contained in this report is true
X SIGNATURE: Joseph J. Cox	DATE: July /2,2013
PRINT NAME: LAST COX	FIRST Joseph
TITLE:	
Mark One: S Chief Administrative Officer	Designee(Attach Letter)
he following MUST be attached to this repor	

--You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original)

--If applicable, a designation letter if you have marked designee in section XI.

--If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.